

1 JOINT HEARING ON LEGISLATIVE PRESENTATIONS
2 FROM WWP, BVA, NASDVA, VVA, MOPH, AMVETS

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4 WEDNESDAY, FEBRUARY 26, 2020

5 United States Senate,
6 Committee on Veterans' Affairs,
7 House of Representatives,
8 Committee on Veterans' Affairs,
9 Washington, D.C.

10 The Committees met, pursuant to notice, at 2:25 p.m.,
11 in Room SD-G50, Dirksen Senate Office Building, Hon. Jerry
12 Moran and Hon. Mark Takano, Chairmen of the Committees,
13 presiding.

14 Senators Present: Senators Moran, Boozman, Rounds,
15 Tillis, and Loeffler.

16 Members Present: Representatives Takano, Lamb, Levin,
17 Cunningham, Cisneros, Allred, Understood, Roe, Bost,
18 Bergman, and Roy.

19 OPENING STATEMENT OF CHAIRMAN MORAN

20 Chairman Moran. Good afternoon. I am sorry for the
21 tardiness of our commencement of this hearing. It is a
22 privilege to welcome all the folks at the table and all of
23 you in this room to this joint hearing between the House and
24 Senate Veterans' Affairs Committees.

25 The delay, as I think has been explained to you, was

1 trying to determine the House voting schedule. This is the
2 joint hearing in which Chairman Takano was to preside. We
3 expect him here shortly, although I am uncertain as to what
4 the House voting schedule is, so I do not know that I can
5 say with any credibility "shortly" is the right word.

6 But we, with his permission, have decided to proceed,
7 and I am pleased, as soon as I find the gavel--oh, he has
8 it. I call this meeting to order.

9 I welcome the seven organizations here to testify. I
10 especially extend a welcome to the Kansans in the room and
11 appreciate the work they do in my State on behalf of
12 veterans, but I recognize no matter where you are from, it
13 is an honor to be with people who not only served our
14 country, but not serve others who served our country.

15 I will abbreviate my remarks so that we can make up,
16 perhaps, some time, but I appreciate particularly the number
17 of the organizations who are present here today who have
18 been supportive of a number of legislative endeavors that I
19 have been engaged in related to toxic exposure, the Vietnam
20 War, Agent Orange. And I appreciate the coalition that has
21 developed to try to deal to get Congress and the
22 administration, the Department, to deal with these issues.

23 I look forward to each of your presentations today and
24 look forward to working with you to continue to improve the
25 benefits and services that our Nation's veterans are

1 entitled to.

2 Let me now recognize--I also should say that there is a
3 Republican retreat in which members of the Republican Senate
4 are elsewhere. There is a Democrat retreat in which
5 Democrat members of the Senate are elsewhere, and I think we
6 were counting on the House members being here.

7 So, with that, let me now introduce our witnesses. We
8 will begin with General Linnington. General Linnington, you
9 are recognized for 5 minutes.

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1 STATEMENT OF LT. GEN. MICHAEL LINNINGTON (RET.),
2 CHIEF EXECUTIVE OFFICER, WOUNDED WARRIOR PROJECT

3 Lt. Gen. Linnington. Thank you, Chairman Moran, and
4 thank you to the members of the Committee for holding this
5 important hearing to receive the legislative priorities of
6 organizations committed to serving veterans, their families,
7 their caregivers, and their survivors.

8 Wounded Warrior Project is here today to advocate for
9 the wounded, ill, land injured servicemembers who served on
10 or after September 11, 2001. Our advocacy priorities today
11 are informed and guided by responses from our Annual Warrior
12 Survey, the largest, most statistically relevant survey of
13 post-9/11 veterans in the country.

14 Our priorities are also informed by thousands of
15 programmatic engagements delivered across the Nation. We
16 are changing and saving lives through programming focused on
17 mental, physical, and financial health, and we are learning
18 about those we serve in the process.

19 With that perspective, our legislative priorities for
20 2020 touch on six specific focus areas: mental health,
21 brain health, toxic exposure, women veterans, caregivers,
22 and finally, employment and education for wounded warriors.

23 Our written testimony explains in detail why addressing
24 these issues will help your Committees deliver the biggest
25 impact for wounded warriors, but today I will focus on three

1 of the Wounded Warrior project's commitments for the
2 remainder of the 116th Congress.

3 First, we are committed to building a community
4 campaign to help get health care for veterans harmed by
5 toxic exposure during their time in service. Using the
6 guidepost of a decades-long struggle to provide relief and
7 care to veterans exposed to Agent Orange, Wounded Warrior
8 Project is placing an emphasis on care first and foremost.

9 We have recruited others to the cause, and the Toxic
10 Exposure in the American Military coalition is comprised of
11 25 organizations focused on improving treatment for
12 servicemembers and veterans through early identification and
13 improved research. And, Chairman, thank you for mentioning
14 that coalition.

15 Forthcoming legislation backed by this coalition would
16 create a new priority group at VA so that veterans do not
17 need to establish service connection to receive care for
18 toxic exposure illnesses. The bill will outline
19 improvements to DoD and VA research and collaboration and
20 instruct VA providers to be more considerate of toxic
21 exposure illnesses during primary care visits. We look
22 forward to seeking the support of Committee members once the
23 bill has been formally introduced.

24 Second, we are committed to improving the health care
25 landscape for the fastest growing cohort of the veteran

1 community--and that is true at Wounded Warrior Project as
2 well--and that is our women veterans. Wounded Warrior
3 Project has been tailoring programs to women veterans for
4 years. We have recently initiated an advocacy campaign to
5 better understand specifically their challenges and to find
6 empowering solutions.

7 Believe it or not, we have nearly 5,000 women veterans
8 already shared their perspectives through a recent Wounded
9 Warrior Project survey, and I am eager to share those
10 findings as well in a few weeks with you and your
11 Committees.

12 Our Chief Program Officer, former U.S. Army veteran
13 Jennifer Silva, will be participating in the HVAC hearing on
14 March 11th on the mental health of women veterans, and we
15 look forward to her testimony as well. And I will note as
16 an aside, we have many women veterans with us today, and
17 they met with members of your team and certainly other
18 members of the Committee yesterday. Thank you for that
19 time.

20 I am honored to publicly state our support for the
21 legislation proposed by Congresswoman Brownley and the Women
22 Veterans Task Force, and we call on the Senate to follow the
23 House's lead and pass the Deborah Sampson Act and the
24 Veterans' Access to Child Care Act.

25 For the remainder of the 116th Congress, we will also

1 be supporting efforts to deliver high-quality care for
2 survivors of military sexual trauma and improve the military
3 transition process for women veterans.

4 As a final but equally significant priority, Wounded
5 Warrior Project continues its commitment to addressing
6 mental health and veteran suicide by mitigating risk factors
7 and connecting more veterans to care and support before it
8 reaches a crisis point.

9 Our mental health advocacy is framed by our belief that
10 no one organization or agency can fully meet all veterans'
11 needs. In this context, we support the Commander John Scott
12 Hannon Veterans Mental Health Care Improvement Act that puts
13 particular emphasis on the proposed Community Grants
14 Program. Through a new pilot program that leverages
15 existing networks of support, VA can reduce barriers to
16 care, bring more veterans into the VA system, and ultimately
17 find a more effective way to become a part of a veteran's
18 life before they reach a crisis point.

19 Wounded Warrior Project remains steadfast in our
20 commitment to transform mental health care and support for
21 injured veterans, their families, and their caregivers. It
22 is through the courageous and selfless actions of those we
23 serve that we are able to live the lives we live as
24 Americans.

25 It is now our responsibility, indeed our sacred

1 obligation, to work together to help our wounded veterans
2 build a life worth living as well.

3 Thank you, Mr. Chairman, and I look forward to your
4 questions.

5 [The prepared statement of Lt. Gen. Linnington
6 follows:]

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1 Chairman Moran. Thank you very much, General.
2 I now call on Dr. Thomas Zampieri for his testimony.
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1 STATEMENT OF THOMAS A. ZAMPIERI, PhD, NATIONAL
2 PRESIDENT, BLINDED VETERANS ASSOCIATION

3 Mr. Zampieri. A little technical problem. There we
4 go. Whoops.

5 Chairman Moran. We do want to hear you. It is true.

6 Mr. Zampieri. Yeah.

7 [Laughter.]

8 Mr. Zampieri. Thank you, Mr. Chairman, and thank the
9 Committee for inviting us to testimony today. This is our
10 75th anniversary this year of the Blinded Veterans
11 Association. It is an honor to represent all of our blind
12 veterans across the country.

13 We just wanted to touch on a few issues sort of left
14 over. The caregivers implementation, the VA system, for
15 those that were injured and wounded in prior wars, it is
16 obviously an oversight issue waiting for the VA to get new
17 caregiver regulations in place for those that were injured
18 in previous wars. We would certainly like to have you try
19 to move H.R. 1199 and your bill, the companion bill, S. 746,
20 which is about accessibility, to get the VA to report back
21 to the Committee on their funding and staffing, to improve
22 the accessibility for blind veterans. There are still
23 significant barriers, and that legislation really would
24 help. And we appreciate your taking lead on that.

25 Third, we would ask the members of the Committee, when

1 they get ready to do their views and estimates to the
2 appropriators, to include \$30 million for the DoD
3 Congressionally Directed Medical Research Program for Vision
4 Research. It is the only area where there is Federal
5 funding for vision trauma research within DoD. So we are
6 asking the Committee members to support the \$30 million.

7 H.R. 3504. We appreciate the bipartisan support for
8 including veterans in the special adaptive housing
9 eligibility criteria, and so if you could help make sure
10 that that gets across the finish line. We have been waiting
11 since last summer for that to get completed, 3504.

12 I am honored here today. Dr. Renata Gomes, who is the
13 Chief Scientist from London for the Blind Veterans of the
14 UK, is spending the week with the Blinded Veterans
15 Association. We are actually reaching out in London to the
16 Minister of Veterans Affairs, the Prime Minister's office
17 and the Minister of Defense, to get the Pentagon, the
18 Secretary of the VA, and the UK to sign a Joint Ocular
19 Trauma Task Force. Senator Boozman, when I met with him
20 yesterday, said it sounded like one of the best ideas he had
21 heard in a long time. So we ask your support in reaching
22 out to the Defense Secretary to encourage him to consider
23 doing this.

24 There is precedence in the sense that they have had
25 previous joint task forces before, going back to actually

1 2011, but this one, again, would be on ocular trauma. It
2 would benefit as far as research, exchanging information
3 about those service members that have had TBIs and vision
4 impairments.

5 The British are looking already at research in the area
6 of PTSD, TBI, and suicides. All of this data, when we met
7 with the Office of VA Research, they would love to be able
8 to collaborate with them, and it really would improve care.
9 On the battlefield, when UK and American ophthalmologists
10 served side by side, we found inconsistencies with surgical
11 equipment, medications, things like that. So I am pretty
12 excited, obviously.

13 Israel, Germany, Denmark, Australia, France are all
14 interested in joining into this. So I have sort of started
15 something that I did not think I would have a year ago. So
16 we encourage the members of the Committee, and the staff, I
17 appreciate meeting with earlier yesterday and today to
18 discuss this.

19 Last thing on the agenda, real quick, is we, BVA,
20 supports H.R. 4920, which only grandfathers existing
21 AbilityOne programs that employ. A lot of them employ blind
22 and disabled veterans.

23 I started up here in 2001. So I guess I have been
24 around a little while, and the unemployment rate when I
25 walked into Washington, D.C., with blind veterans was 45

1 percent unemployment rate for blind veterans in this
2 country. Today the unemployment rate is 45 percent. You
3 think of all the legislation that has come before this
4 Committee and passed to try to help create jobs for all
5 veterans, and we today still have the highest unemployment
6 rate.

7 So 4920, despite the false rumors and accusations, is
8 going to help a percentage of those veterans maintain their
9 jobs. The total VA's contracting budget, if anybody is
10 interested in the actual facts, is \$27 billion. The
11 AbilityOne programs that would be grandfathered--no new ones
12 would be able to apply--is \$200 million. So unless there is
13 some miracle here today where someone is going to come forth
14 with proposed legislation that would fix that unemployment
15 rate, I would love to talk with that person.

16 Thank you very much for inviting us to testify. I will
17 answer any questions you have.

18 [The prepared statement of Mr. Zampieri follows:]

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1 Chairman Moran. Thank you very much for your
2 testimony, Doctor.

3 And now the president of the National Association of
4 State Directors of Veterans Affairs, John Hilgert.

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1 STATEMENT OF JOHN HILGERT, PRESIDENT, NATIONAL
2 ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

3 Mr. Hilgert. Thank you, Chairman Moran. My name is
4 John Hilgert. I serve as the President of the National
5 Association of State Directors of Veterans' Affairs and the
6 Director of the Nebraska Department of Veterans' Affairs.

7 NASDVA is comprised of State directors of veterans
8 affairs of all 50 States, the District of Columbia, American
9 Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the
10 Virgin Islands.

11 Here with me today is John Scocos, the NASDVA Executive
12 Director, former Secretary of the Wisconsin Department of
13 Veterans Affairs, and Tom Palladino, the Executive Director
14 of the Texas Veterans Commission and NASDVA Senior Vice
15 President.

16 Please accept the association's written testimony for
17 the record, and let me highlight a few items.

18 States and territories continue to increase their role
19 as multidimensional service providers to veteran. The State
20 Departments of Veterans Affairs promote approaches making
21 State government effective, efficient, and customer focused.
22 We are being asked to serve as one-stop shops to coordinate,
23 connect, and convene teams to address veteran unemployment,
24 economic empowerment, and whole health and wellness.

25 Despite constrained State budgets, States collectively

1 contribute over \$10 billion each year to our Nation's
2 veterans and their families. NASDVA through its members of
3 States and Territories is the single organization outside
4 the U.S. VA that has served all of America's veterans.
5 Given that State Departments of Veterans Affairs were asked
6 and held accountable by our respective governors, our
7 boards, our commissions, we are well positioned to deliver
8 that effective, efficient, and customer-focused service.

9 VA funding. Our full congressional support, we support
10 the President's Fiscal Year 2021 VA Budget Request. We
11 believe it is vital to meet the growing needs of veterans to
12 fulfill the VA's mission. NASDVA is committed to working
13 with the congressional and VA leaders to ensure scarce
14 resources are allocated to the priorities which will meet
15 our veterans' most pressing needs.

16 For example, in Nebraska, we anticipate receiving
17 Federal funding to expand services at our Eastern Nebraska
18 Veterans Home, in part, predicated upon the veteran
19 population growth identified through the VA's Population
20 Models.

21 Veterans' health care, benefits, and services. We
22 support and continue the implementation of the provisions of
23 the VA MISSION ACT. NASDVA's priority for the care of our
24 veterans are consistent with those of the VA, especially in
25 the area of behavioral health and suicide prevention. We

1 support an all-of-the-above approach for health care
2 delivery. We recognize the diversity, geography, and
3 demographic makeup of today's veterans.

4 Our State Veterans Homes, the State Veterans Home
5 Program is the largest and one of the most important
6 partnerships we have at the VA. NASDVA supports a continued
7 commitment to the significant funding of our State Veterans
8 Home Construction Grant Program, and we strongly support
9 increasing the funding to at least \$250 million, given the
10 increases in demand for long-term care for veterans.

11 Veterans Benefits Services. Given the claims backlog
12 and the number of claims on appeal, we recommend serious
13 consideration for making Federal funding available to States
14 to assist with efforts on the ground to further reduce that
15 backlog and to maintain progress on expediting existing and
16 new claims.

17 NASDVA appreciates the National Cemetery
18 Administration's collaborative partnerships with States,
19 Territories, and Tribal governments. We recommend the FY21
20 Construction Grant Program be increased to at least \$60
21 million, comprised of \$50 million for construction and \$10
22 million specifically designated for improvements and
23 emergent needs. This modest increase to the \$45 million
24 proposal will allow funding for some new State veteran
25 cemeteries and upgrade projects that currently go unfunded,

1 while allowing the NCA to respond to emergent requirements.

2 Transitional Assistance. Our organization strongly
3 encourages the most effective transition program possible.
4 We are very encouraged to changes to the program in the last
5 few years, especially with several elements of the FY
6 National Defense Authorization Act related to transition-
7 related issues.

8 Distinguished members, we are a government-to-
9 government provider. We work with the VA to deliver
10 services and care to those who have served in uniform. We
11 are expanding hubs and links to local communities. With
12 your help and support, we can ensure veterans are adequately
13 resourced and maintain a priority. I would ask that you use
14 us as a resource. The difficult challenges we address today
15 are critical investments which become the foundation of our
16 promise to serve those who have borne the battle.

17 Using us as a resource, we can share with you our
18 hopes, our dreams, our visions, our frustrations, our
19 challenges in an unvarnished direct approach to get that
20 information and to test ideas on how they effect the
21 veterans on the ground.

22 We are here for you, and we look forward to answering
23 any questions that you might have and working as partnership
24 together in the future.

25 Thank you, Senator.

1 [The prepared statement of Mr. Hilgert follows:]
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1 Chairman Moran. Thank you so much for that offer.

2 Now Mr. Harvey Weiner, who is the National Commander of
3 the Jewish War Veterans.

4 Mr. Weiner?

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1 STATEMENT OF HARVEY WEINER, NATIONAL COMMANDER,
2 JEWISH WAR VETERANS

3 Mr. Weiner. Good afternoon, Chairman Moran. I am
4 Harvey Weiner, a Vietnam War combat veteran, and the
5 National Commander of the Jewish War Veterans of the USA,
6 America's oldest, active, continuous veterans association.
7 We will be celebrating our 125th anniversary next year.
8 American Jews have fought in all of America's wars in a
9 proportion greater than their proportion in the general
10 population.

11 The bills that JWV supports are in the written
12 statement I have submitted for the record, but this
13 afternoon, I want to speak to you about something else,
14 about courage.

15 Members of the armed services will risk his or her life
16 on the battlefield to serve this great Nation and to do the
17 job assigned. Hundreds of thousands of American soldiers
18 have given their lives, and millions of American soldiers
19 and their families have made other sacrifices in this
20 regard. They had the right stuff and displayed great
21 courage. They took enormous risk because their country
22 called and because it was the right thing to do. Now on
23 behalf of all veterans, past and present, and all service
24 personnel, past and present, I am asking, each and every
25 one, members of this Committee and of Congress to show

1 courage by doing your job and doing right, regardless of the
2 political consequences, including the possibility or even
3 the probability that you will lose your job by being voted
4 out of office.

5 When you who implicitly or explicitly send us off to
6 war and ask us to do the right thing at the risk of our
7 lives, it is a "shanda" if you are unwilling to take that
8 risk to do right yourself rather than what is politically
9 expedient. "Shanda" is Yiddish for "shameful." The risk of
10 losing your job pales in comparison to the risk we take of
11 losing our lives.

12 I was reviewing the John F. Kennedy Profiles in Courage
13 winners of the award that is the Nation's preeminent award
14 for elected officials and public servants. For them and for
15 you, it is the Nobel Prize, the Oscar, the Lasker, the
16 Pulitzer.

17 I give you these three examples. Carl Elliott was a
18 congressman from Alabama for eight consecutive terms from
19 1949 to 1965. He was a Democrat, but he authored and voted
20 for the National Education Defense Act, which he knew would
21 lead to his removal as a congressman in 1964. He was right,
22 but he did what was right.

23 Charles Weltner, also a Democrat, was a congressman
24 from Georgia who dropped out of his race for a third term
25 rather than seek reelection and be bound by a party loyalty

1 oath to support the candidacy of segregationist Lester
2 Maddox.

3 Bob Inglis, who some of you may know, is a Republican
4 and was a congressman from South Carolina. He reversed
5 himself on the issue of climate change because he felt it
6 was the right thing to do. He knew that it would probably
7 mean the demise of his political career, and it did.

8 We who survived, who died, who were wounded, and who
9 risked our lives in the military to do the right thing
10 because America asked us to are asking you to do the right
11 thing, merely at the risk of losing your jobs. Do not take
12 funds away from the military, including from their daycare
13 in schools, for nonmilitary purposes, because it is
14 politically expedient to do so.

15 I have a second point I would like to make and which
16 has bothered me for 70 years. The Constitution, which you
17 swore under oath to uphold, vests the power to declare war
18 solely in the hands of Congress and not in the executive,
19 who is the commander in chief. However, since World War II,
20 Congress, as a practical matter, has ceded its
21 constitutional responsibility to the President in the
22 semantic guise of so-called "emergencies" or "police
23 actions." War is too important to be in the hands of one
24 person, and since World War II, the usurping of the war
25 power by both Democratic and Republican presidents has led

1 this Nation into disaster after disaster and caused the
2 unnecessary deaths of over 100,000 of my comrades in arms,
3 my brothers, and my sisters. An after-the-fact
4 congressional resolution is just not enough. Take back the
5 war power that the Framers of the Constitution in your own
6 1973 War Powers Resolution gave you.

7 When Abraham Lincoln was in Congress, he wrote the
8 following: "The provision of the Constitution giving the
9 war-making power to Congress was dictated, as I understand
10 it, by the following reasons. Kings have always been
11 involving and impoverishing their people in wars, pretending
12 generally, if not always, that the good of the people was
13 the object. This, our constitutional convention, understood
14 to be the most oppressive of all kingly oppressions, and
15 they resolved to so frame the Constitution that no one man
16 should hold the power of bringing this oppression upon us."

17 As a cantankerous football coach in my neck of the
18 woods is fond of saying, "Do your job." Risk your jobs to do
19 the right thing because in the long run, it is not just your
20 constituents that you must face. You must face your
21 children, your grandchildren, your descendants in history,
22 and also, you must face yourself and your conscience.
23 Become a candidate for the Profiles in Courage Award.

24 We the veterans of America do not just ask you to do
25 the right thing in spite of the political consequences. We

1 really demand it, and we feel we are entitled to do so.

2 Thank you, and I will be glad to answer questions.

3 [Applause.]

4 [The prepared statement of Mr. Weiner follows:]

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1 Chairman Moran. Mr. Weiner, thank you very much for
2 your admonition, your demand, and perhaps reminder. I look
3 forward to having a conversation with you on this topic when
4 we have the chance to ask questions.

5 Mr. John Rowan, welcome. Good to see you, sir, again,
6 from the Vietnam Veterans of America.

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1 STATEMENT OF JOHN ROWAN, NATIONAL PRESIDENT,
2 VIETNAM VETERANS OF AMERICA

3 Mr. Rowan. Thank you, Mr. Chairman.

4 Mr. Boozman, good seeing you.

5 I want to take this opportunity to thank retired
6 Senator Johnny Isakson for his service to America and our
7 veterans. We appreciate the new Chair, but we will always
8 remember Senator Isakson.

9 Chairman Moran. I understood what you were saying.

10 [Laughter.]

11 Mr. Rowan. We have distributed extensive written
12 testimony outlining our legislative priorities and policy
13 initiatives, and I would ask that they be entered into the
14 record.

15 Chairman Moran. Without objection.

16 Mr. Rowan. Thank you.

17 Today, however, I want to focus on the most important
18 issue that has haunted us since we left Vietnam: toxic
19 exposures. VVA has been fighting to get acknowledgement
20 that the hideous long-term effects of exposure to the
21 herbicides used in Vietnam, commonly known as Agent Orange,
22 for over 40 years. Despite the efforts of the VA
23 bureaucracy to delay, deny until we die, we have succeeded
24 in getting some of the health care and compensation that our
25 Vietnam veterans deserve.

1 Just recently, we have joined some of our colleagues to
2 ask President Trump to demand that the VA approve four new
3 presumptive illnesses resulting from Agent Orange exposures.

4 Our work on Agent Orange led us to uncover a truly
5 horrifying issue: the possibility of negative health
6 effects on our children and our grandchildren due to our
7 exposures.

8 The Toxic Exposure Research Act laid the groundwork for
9 research into the health of our children and grandchildren,
10 and we hope that we will get that done soon. While we were
11 focused on our toxic exposures and their effects on our
12 descendants, we could have not imagined that similar
13 problems would arise in those who followed us in the
14 military.

15 Because of our efforts on Agent Orange, we became aware
16 of toxic exposure issues arising in the Gulf War veterans
17 and later the post-9/11 veterans, and recently, we have
18 become aware of the toxic exposures facing our military here
19 at home.

20 The Gulf War may have been short and the number of
21 participants relatively low, but their exposures were high
22 due to an incredible number of issues, which I will not
23 enumerate at this point in time, but I can give them to you,
24 if you like.

25 Testing by the Department of Defense from January to

1 April 2007 discovered 16 polycyclic aromatic hydrocarbons.
2 I do not know what the hell they are, but it sounds really
3 bad.

4 [Laughter.]

5 Mr. Rowan. Fifteen volatile organic compounds as well
6 as 17 dioxins and furans. As usual, it took the VA a long
7 time to acknowledge that Gulf War veterans were not lying or
8 malingering before they finally approved health care and
9 compensation, and we are still fighting some of those
10 issues.

11 Then came the post-9/11 wars. Besides being exposed to
12 the substances noted earlier, the military decided it would
13 be a great idea to burn their used equipment and other items
14 in giant burn pits that have been burning for decades now.
15 The toxic exposure from this misadventure is too numerous to
16 mention.

17 While we may understand that there may be hazards
18 related to military service in war zones, what disturbs us
19 now is the realization that our military and their families
20 may be subject to serious toxic exposures here at home and
21 at bases overseas.

22 The toxic water identified at the Marine base in Camp
23 Lejeune, unfortunately, was just the tip of iceberg. We now
24 have seen story after story about polluted waters of various
25 air bases now affecting the adjoining civilian communities.

1 The State of New Mexico fined the Air Force \$2.5
2 million for polluted runoff, and chemicals have been found
3 at McConnell Air Base in Kansas. These identical problems
4 have arisen in bases all around the U.S. and overseas.

5 The Agent Orange Act of 1991 mandated that the VA
6 engage the Institute of Medicine, now the National Academy
7 of medicine, to convene expert panels every 2 years to
8 review the peer-reviewed scientific literature, hold public
9 hearings, produce findings on levels of association on
10 health conditions related to dioxin exposure, and publish
11 their findings in biennial updates.

12 This work needs to be reauthorized for at least another
13 decade and expanded to embrace the potential effects of
14 exposure to toxicants of veterans of all eras. This work
15 should also include sites in CONUS and overseas as
16 necessary, resulting in a new biennial report, Veterans and
17 Toxic Exposures.

18 We are pleased to propose legislation that will
19 establish real registries, the Toxic Wounds Registries Act
20 of 2020, to cover deployments when troops are likely to have
21 been exposed to toxic hazards. This would enable the
22 epidemiological research by linking health records and
23 veterans' military history, coding for where they were in a
24 particular place at a particular time, enabling veterans, no
25 matter where they live, to work together on their health.

1 We hope that champions from both sides of the aisle in both
2 houses will introduce and enact the Toxic Wounds Registries
3 Act of 2020.

4 Toxic exposure has killed more military veterans than
5 any of our enemies have. Several MSOs and VSOs have come
6 together to form the Toxic Exposures in the American
7 Military, TEAM, to coordinate a grassroots campaign to enact
8 this legislation. We hope that both the House and the
9 Senate will support this effort.

10 Thank you.

11 [The prepared statement of Mr. Rowan follows:]

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1 Chairman Takano. Thank you, Mr. Rowan.

2 Next, we have Felix Garcia, National Commander,
3 Military Order of the Purple Heart of the United States of
4 America, Incorporated.

5 You are recognized for your opening statement, sir.

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1 STATEMENT OF FELIX GARCIA III, NATIONAL COMMANDER,
2 MILITARY ORDER OF THE PURPLE HEART

3 Mr. Garcia. Thank you, Chairman Takano, Chairman
4 Moran, Ranking Members, members of the Committee, and ladies
5 and gentlemen.

6 As the National Commander of the Military Order of the
7 Purple Heart and Iraq veteran, it is an honor and privilege
8 to appear before you today representing members of the
9 Order. I am sure that all of you are aware that the MOPH is
10 unique among veteran service organizations in that our
11 membership is comprised entirely of veterans who were
12 wounded in combat and on the battlefield in the numerous
13 wars in which the Nation has been engaged. For the wounds
14 they suffered, they were awarded the Purple Heart Medal.

15 In a sense, I believe I also sit before you here today
16 on behalf of almost 2 million servicemen and -women, Purple
17 Heart recipients, who either gave live or spilled their
18 blood for our Nation and the citizens while defending the
19 freedoms that Americans are blessed to enjoy.

20 My oral testimony will be brief as possible with the
21 understanding that the full written testimony will be
22 entered in the record.

23 Since its organizing in 1932, the MOPH has been and
24 continues to be the original veterans' organization for
25 wounded warriors. We continue to serve veterans of all wars

1 at no cost by providing tangible benefits to those veterans
2 and their families who require our assistance.

3 On behalf of the Order, I would like to thank the
4 previous Congress for passing legislation that will forever
5 have a positive impact on the lives of our Nation's veterans
6 and their families. In particular, I want to thank Ranking
7 Member Roe on the eve of his retirement for his many years
8 of dedication to protecting the rights of American veterans
9 and for holding the Department of Veterans Affairs
10 accountable to the veterans it serves.

11 The Order thanks the Congress for passage of the
12 Veterans' Compensation Cost-of-Living Adjustment Act of
13 2019, bipartisan legislation that increases the rates of VA
14 disability compensation, dependency compensation for
15 surviving children and spouse, and the clothing for veterans
16 based on rising of costs of living.

17 MOPH also applauds and thanks Congress for passage of
18 the Commemorative Coin Act of the National Purple Heart Hall
19 of Honor. The Purple Heart Hall of Honor is collocated at
20 New Windsor, New York, the site where General Washington's
21 army camped during the Revolutionary War and where the
22 General first awarded the Badge of Military Merit,
23 predecessor to the Purple heart Medal. The coin will assist
24 the Hall of Honor to continue its efforts in commemorating
25 the sacrifices of America's military members who were killed

1 or wounded in combat while serving our great Nation.

2 The order is acutely aware of the budget negotiations
3 and the fiscal problems facing our Nation, but they should
4 have nothing to do with caring for those who have honorably
5 served the Nation and now require medical attention or other
6 benefits that they have earned by their honorable military
7 service.

8 I would also like to state that MOPH supports the
9 recommendations made by the VSOs who devote their time and
10 effort to publish the Independent Budget. MOPH is a proud
11 member of both The Military Coalition and the National
12 Military Veterans Alliance.

13 Our 2020 priorities. VA processing of claims is an
14 issue in your committees, MOPH, and other VSOs have been
15 struggling with for many years. While there has been much
16 progress, there remains much to be done. Congress has
17 provided increased funding to help improve the process,
18 which enabled VA to hire more personnel and invest in
19 information technology and other infrastructure.

20 While there has been progress in the area of claims
21 processing, the veterans who may have been fighting the
22 process for years, especially when appealing benefit
23 denials, does not see that progress. They just know that
24 they have been afforded, in a timely manner, the benefits
25 that they earned by the military service.

1 Congress needs to continue to hold the VA accountable
2 for its care and service to veterans in an open and
3 transparent manner while working with Congress and the VSOs
4 in moving forward with new initiatives.

5 The Order joins with the National Military and Veterans
6 Alliance, a nonpartisan umbrella organization of 35 veteran-
7 and military-serving organizations, to endorse the Care for
8 the Veteran Caregiver Act of 2020.

9 We urge the earliest consideration by your Committees,
10 including legislative hearings, markup, and Committee vote.

11 We applaud Representatives Hudson and Rice for their
12 sponsorship of this bill and urge you and your Committee
13 colleagues to join as cosponsors of this bill.

14 While the MISSION Act made crucial changes to the
15 Caregiver program, most importantly the expansion of the
16 program to pre-9/11 veterans), time and again our
17 organizations and others have brought to you the continued
18 problems with the caregiver program, specifically the lack
19 of consistent eligibility criteria utilized by the VA in
20 executing the program, the constant fear of the most
21 catastrophically disabled veterans that they will lose their
22 access to the caregiver program, and the unreasonably short
23 transition time provided caregivers and families after an
24 eligible veteran passes away. We urge your time and
25 attention to this continuing issue to bring it to fruition

1 in this congressional year.

2 The order is especially proud to note that during
3 Senator Moran's first markup as Chairman of the Senate
4 Veterans' Affairs Committee, they passed landmark
5 legislation to improve mental health care for veterans.

6 The Commander John Scott Hannon Veterans Mental Health
7 Care Improvement Act, sponsored by Chairman Moran and
8 Ranking Member Jon Tester, is a comprehensive and aggressive
9 strategy to reach more veterans with the mental health care
10 they need. As Ranking Member Tester noted and we agree,
11 "This comprehensive approach, combining supportive services
12 with evidence-based clinical care through the Department of
13 Veterans Affairs, will ensure that no veteran slips through
14 the cracks."

15 The bill also would hold the VA accountable for its
16 mental health care and suicide prevention efforts by
17 examining how the VA manages its suicide prevention
18 resources and how the VA provides seamless care and
19 information sharing for veterans seeking mental health care
20 from both the VA and community providers.

21 It is a recognition that the invisible wounds of war
22 that have plagued so many veterans for so long must receive
23 equal concern and treatment.

24 This concludes my testimony, and I will be pleased to
25 answer any questions. Thank you.

1 [The prepared statement of Mr. Garcia follows:]
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1 Chairman Takano. Thank you, Mr. Garcia, for your
2 testimony.

3 Next, we have Jan Brown, the National Commander of
4 American Veterans.

5 You are recognized for your opening statement.

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1 STATEMENT OF JAN BROWN, NATIONAL COMMANDER,
2 AMERICAN VETERANS

3 Ms. Brown. Chairman Moran, Chairman Takano, and
4 members of the Committee, thank you for the opportunity to
5 testify on behalf of AMVETS. We are the largest
6 congressionally chartered veterans organization that
7 represents all of America's veterans.

8 This time last year, AMVETS rang the alarm. We
9 suggested that the VA's mental health system was
10 fundamentally broken. Simply providing additional resources
11 would not fix what is still horribly broken.

12 This concern was not easy for us to voice, and it is
13 probably not easy for Congress to stomach. You have been
14 more than generous, investing more than \$60 billion towards
15 veterans' suicide and mental health over the past 10 years.

16 With that said, Congress has been lax in providing
17 oversight in its investment. In those 10 years, we have
18 lost more veterans to suicide than we lost in the Vietnam
19 War.

20 For over a decade, Congress has supported a policy
21 approach that is focused on three areas: more mental health
22 providers, more space and resources, and easier access to
23 veterans. We have lived and died by the mantra that if we
24 build it and encourage them to come, they will.

25 The facts could not paint a bleaker reality. Most

1 veterans drop out of VA mental health services after their
2 first visit. We insinuate that the VA mental health is
3 world class, second to none, yet we are not asking the
4 question: Why are veterans running for the doors? Instead,
5 we are blaming the victim, inferring that it is the
6 veteran's fault that they are not staying enrolled in the
7 programs.

8 In 2015, the Journal of the American Medical
9 Association, known as JAMA, stated that the evidence-based
10 treatments veterans are receiving are generally ineffective,
11 and new and novel treatments are needed.

12 In 2018, the VA conducted its first independent
13 evaluation with regards to VA mental health. Findings
14 indicated no clinically significant outcomes for veterans
15 receiving general mental health care services or PTSD
16 treatments. In layman's terms, veterans received the
17 treatments, and they do not feel any different.

18 VA reported the same in their 2019 independent
19 evaluation.

20 Just this month, JAMA again released a report
21 suggesting that the go-to evidence-based treatments for VA
22 and DoD are ineffective for as much as two-thirds of those
23 treated. Why has Congress not held a single hearing on
24 these reports and research?

25 Let me tell you why veterans are walking out the door.

1 They do not want to live life in VA hospitals in
2 psychotropic fogs. VA medical centers are amazing. I refer
3 people there all the time. However, I would not choose to
4 go there to get mentally healthy. For myself, physical
5 activity of some kind--yoga, tai chi, the gym, or even
6 meditation. Our local VA clinic in Youngstown, Ohio, has
7 offered tai chi for a couple of years now. The only cost
8 incurred by the VA are instructor fees, as my AMVETS post
9 provides the space free of charge. However, this class,
10 which is conducted only twice a week, was canceled earlier
11 this month due to budget constraints. I worry for these
12 veterans. I have watched them gain confidence with each
13 session and, more importantly, connect with people in a very
14 positive way. Where do they go now?

15 If we had spent \$9 billion this year showing veterans
16 how to live lives worth living, our veterans would be in a
17 lot better position. Instead, we have built a hard-to-
18 manage mental health conglomerate with associations and
19 unions who put their needs first.

20 We need to end the madness. The death toll is the only
21 number that matters. Regardless of billions spent, our
22 suicide numbers have not budged an inch. Why are we so
23 scared to try something dramatically different, not in a
24 hospital-centered system focused on symptomatology, but
25 rather creating a substantial investment in wellness,

1 training, and helping veterans live lives worth living, the
2 only real anecdote to suicide?

3 Along these lines, we need to address the most
4 essential clinical thing we can do for veterans: to get
5 them to quite smoking combustible cigarettes. AMVETS has
6 spent years promoting smoking cessation programs. Clearly,
7 it would be best if they stopped smoking altogether or
8 stopped using nicotine altogether, but there is ample
9 evidence that veterans have not quit smoking.

10 Over the past year, AMVETS has developed an innovative
11 nationwide program that provides participants special access
12 to products and incentives to try alternatives such as e-
13 cigarettes. As a result, AMVETS has significantly reduced
14 the number of combustible cigarettes being smoked by our
15 members.

16 Over Memorial Day weekend, AMVETS will hold the world's
17 largest one-day motorcycle event in Washington, D.C., called
18 Rolling to Remember. We expect hundreds of thousands of
19 Americans to stand united to raise awareness that there are
20 still more than 80,000 American military men and women
21 missing in action and jump-starting national conversation
22 around the veteran suicide epidemic.

23 Lastly and of importance to me, we need to do better by
24 our women veterans. The rate at which women veterans choose
25 to end their own lives is twice the number as women who have

1 never served. Part of the reason involve the unhealed and
2 untreated scars that result from sexual assault, only to be
3 intensified by the mishandling of investigation after the
4 assault is reported.

5 The investigation into Ms. Andrea Goldstein's reported
6 sexual assault at the D.C. VA turned into a victim-blaming
7 fiasco. The fact remains that this exact scenario happens
8 all too often in the military and VA facilities. Imagine
9 instead of it being Ms. Goldstein, it is your mother, your
10 sister, your daughter who made these claims. Would you
11 tolerate for even a moment her character being questioned?
12 These women who are brave enough to come forward deserve the
13 same consideration.

14 Thank you for the opportunity to testify, and I welcome
15 any questions you may have.

16 [Applause.]

17 [The prepared statement of Ms. Brown follows:]

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1 Chairman Takano. Thank you, Ms. Brown, for your
2 testimony.

3 Neither the Chair or the Ranking Members have opening
4 statements, and in the interest of time, we are going to
5 move straight into questions.

6 So I will recognize myself for 3 minutes, and I want to
7 direct it first to the Wounded Warrior Project. You wrote
8 in your testimony about the importance of considering brain
9 health alongside mental health. I found it disturbing to
10 hear our commander in chief downplay brain injuries and TBI
11 as, quote, "not as serious," end quote, as physical injuries
12 received in combat.

13 I know many in the VSO community share my sentiments
14 about these appalling comments because we know a traumatic
15 brain injury can affect every part of a veteran's life with
16 severe symptoms still impacting lives years later.

17 Accurately diagnosing and treating TBI is essential to
18 providing veterans with quality health care and serving
19 their mental health needs. What do you believe to be the
20 most pressing needs for those suffering from TBI, and how
21 can we best support those veterans and their families?

22 Lt. Gen. Linnington. Mr. Chairman, thanks for that
23 question.

24 Indeed, traumatic brain injury is a significant issue
25 among post-9/11 veterans, and it is certainly a priority

1 area at Wounded Warrior Project. We know that since 9/11,
2 400,000 veterans have diagnosed and categorized TBI, and I
3 believe the number is much greater. In fact, many of our
4 programs that we provide, both at our Warrior Care Network
5 facilities and in our internal programs, our independent
6 programs, are focused on TBI.

7 Continued research on the effects of traumatic brain
8 injuries long term is needed. For me, it is the tsunami
9 that is coming along with toxic exposures as excessive brain
10 injuries--mild, moderate, severe--that over time grow into
11 early-onset cognitive issues, dementia, ALS, other diseases
12 that we see coming forward now as areas that need continued
13 research and certainly increased investment at the VA.

14 Wound War Project is involved in those advocacy
15 efforts, and we certainly support the Congress' efforts and
16 the VA's efforts on their behalf as well.

17 Chairman Takano. I do not know that I am going to be
18 able to get an answer, because I have run out of time.

19 Thank you for that, by the way.

20 In your testimony, Mr. Rowan, VVA highlighted toxic
21 exposure, including burn pits and Agent Orange. I want you
22 to know that over the Thanksgiving holiday, I led a CODEL
23 with several members of this Committee to Germany, Kuwait,
24 and Afghanistan to discuss how VA can serve their needs in
25 the future.

1 We experienced poor air quality firsthand in Kabul and
2 better understand what our servicemembers are living through
3 while deployed. I want you to know that toxic exposure is
4 one of my top priorities for the Committee, and as we work
5 to address it, I was going to ask you what you consider to
6 be the most important action that we can take. But I am
7 going to run out of time, and I want to set a good example
8 by not taking up that time. But I just want you to know
9 that it is our top priority. We are spending a tremendous
10 amount of staff time and actually Committee time on this
11 topic.

12 I am going to cut myself off and recognize the
13 Chairman, Mr. Moran.

14 Chairman Moran. Mr. Chairman, thank you. Thank you
15 for recognizing me. You have set a good standard, and now I
16 have to meet that standard in the 3 minutes. So I am going
17 to try to make, perhaps, some comments and some offers to
18 the folks here at the table.

19 First of all, Mr. Weiner, I thank you for your comments
20 about political courage. None of us can ever exhibit
21 sufficient amount of political courage. I would tell you
22 that when this place gets discouraging or frustrating, I
23 will put my running shoes on, and I will walk down to the
24 Lincoln Memorial. I will walk by the--now the World War II
25 memorial, next the Vietnam Wall, and on my return, I will

1 see the Korean War Memorial. And in each one of those
2 instances, I am reminded of the service of those who are
3 memorialized in those settings. Not one of them chose to
4 serve for Republicans or Democrats. They served for the
5 betterment of their families, the people they know in their
6 hometowns, and for all Americans and in many instances the
7 world, and so I appreciate you reminding us as Members of
8 Congress, as elected officials, perhaps as Americans that
9 have a higher calling than what we sometimes exhibit, and I
10 am grateful for that.

11 Mr. Weiner. Thank you.

12 Chairman Moran. You are very welcome, sir. Thank you.

13 One of the things you mentioned in your testimony is
14 that the number of veterans who commit suicide a day and the
15 recognition that a majority of those veterans are not
16 enrolled in VA care. I would ask all of the veteran
17 organizations, all of us and Members of Congress, what it is
18 that we can do more to capture those who are unaware,
19 unwilling, uninterested.

20 It was pleasing to me to hear in testimony yesterday
21 that those who are participating in VA programs are faring
22 much better in the curtailment of suicide. And so I would
23 leave that--I may have time to have you answer that
24 question.

25 My final comment--and maybe we can come back to this--

1 is for Mr. Rowan--Mr. Rowan, you and I have known each other
2 a while. I distinctly remember the Vietnam Veterans having
3 a meeting in Wichita, Kansas, a national meeting, where
4 toxic exposure was the primary topic of conversation. What
5 captured me that day was the recognition that while no
6 serviceman or -woman was worried about their own
7 circumstances, they were willing to sacrifice on behalf of
8 their country and face harm and potential death. I cannot
9 imagine that a single soldier was thinking about their
10 service having a consequence on their children or their
11 grandchildren, and that was a message that was received.

12 We have worked to try to get things accomplished in
13 that regard, but I would make the case to you and to others
14 that as we look for this generational challenge and what
15 role the VA may now need to play in caring for our children
16 and grandchildren, even though they did not serve, please
17 make certain that I am fully informed and engaged to try to
18 help in that cause.

19 We have made some progress in the studies. You
20 mentioned the National Institute. We have made some
21 progress in getting records from the Department of Defense
22 available for more veterans, but we have a long way to go in
23 dealing with this issue.

24 I see that I have consumed my 34 seconds, and I would
25 welcome that follow-up from any and all of you. And I would

1 welcome the follow-up about what are we missing. with all
2 the VSO organizations, all the Members of Congress who
3 provide casework and outreach to veterans, we are still
4 leaving a lot of veterans untouched by the Department of
5 Veterans Affairs.

6 And I thank you for the opportunity to be with you here
7 today.

8 Chairman Takano. Thank you, Chairman Moran.

9 Ranking Member Roe, you are recognized for 3 minutes.

10 Dr. Roe. Thank you, Mr. Chairman, and I apologize for
11 being late.

12 I do want to give a shout-out to all of you all who
13 came here from all across the country. We appreciate you
14 coming, and I know it is a sacrifice. It has been a
15 privilege for me to be on this Committee for the last, now
16 going on, 12 years.

17 I grew up at Fort Campbell, Kentucky, or near there--
18 Clarksville, Tennessee--where the 101st Airborne is. My
19 scout master, First Sergeant Thomas E. Thayer, was killed in
20 Vietnam in 1965. Two of my classmates died there. I served
21 in Korea in 1973 and 1974 at Camp Bradley, Camp Casey. Many
22 of you have been there, and it really shaped where I am
23 right now and how I view our veterans.

24 I saw Sergeant Thayer's family afore. I knew that
25 family well, and they were essentially left with nothing.

1 As a young man, a young college student, I could not fathom
2 that, that our country would have someone, a hero of mine,
3 die and leave that family with nothing, and that really
4 shaped the privilege I have had for the last 11, going on 12
5 years to serve with many of these members here but to serve
6 you and right some wrongs.

7 I want to thank the Blinded Veterans Association for
8 your 75th anniversary.

9 I want to congratulate AMVETS on your 75th anniversary.
10 I am not far behind.

11 [Laughter.]

12 Dr. Roe. And I also want to thank the Jewish War
13 Veterans for their 125th anniversary. I hope to make that.
14 That would be good.

15 I do want to talk about a couple things, the reason I
16 ran again. One was the electronic health record. The VA is
17 putting an expansive--and I have gone from Seattle, Tacoma,
18 Spokane, and made several trips. It is extremely important.

19 Why is that important? Because toxic exposure is not
20 going to be the last time we had troops in harm's way that
21 get into chemicals and so forth, and I am thinking as a
22 physician, 50 years from now, if we had that virtual
23 electronic health record, we would be able to go back and
24 find out are there really, not question or guess or
25 whatever, really find out about whether these conditions

1 affected a certain condition in your body. So I think that
2 is hugely important, and I would challenge our group to
3 continue to do that.

4 Suicide is not just a VA problem; it is a national
5 problem. And I really appreciate you bringing it up.
6 Another reason that I wanted to serve another term was to
7 work on that.

8 When I graduated from medical school in 1970, it will
9 be 50 years this December. We had 500,000 inpatient
10 psychiatric beds in the United States. The population has
11 grown 40 percent. We have less than 50,000. Our jails are
12 now our psychiatric facilities in the United States.

13 It is shameful, and the VA can be a leader. I really
14 believe that. They have the resources, and I did exactly,
15 Ms. Brown, what you did. I was sitting at a staff meeting
16 one day, and I said, "How much money did we spend on mental
17 health in 2003?" They said, "About \$2.5 billion." I said,
18 "Well, how much are we spending today?" It was \$7.5
19 billion. I said, "What is the suicide rate?" It is the
20 same. I said, "So if it is the same, we have got to quit
21 doing what we have been doing because it makes no sense
22 whatsoever.

23 So I appreciate you all bringing it up, and my time has
24 expired. I just want to thank you for allowing me to serve
25 you. I applaud you, and Tom and many you, I have become

1 good friend. I will cherish that friendship when I leave
2 the Congress, and I appreciate what you do, and I salute
3 you.

4 Chairman Takano. Thank you, Ranking Member Roe.

5 Senator Boozman, you are recognized for--actually, I am
6 sorry. Mr. Lamb. Mr. Lamb, you are recognized for 3
7 minutes.

8 Mr. Lamb. Thank you, Mr. Chairman.

9 Thank you all for joining us here today and offering us
10 these important insights.

11 I want to start with General Linnington, if that is
12 okay. The Wounded Warrior Project is a partner locally in
13 the Western Pennsylvania area with something called
14 PAServes, which is part of the AmericaServes network of
15 basically hub organizations that are trying to correct the
16 problem that Dr. Roe just spoke about, which is the
17 persistence of this suicide and mental health epidemic that
18 we have.

19 The way it works in Western Pennsylvania is this large
20 network called PAServes basically pulls together. Every
21 type of veteran organization, Government office like a
22 congressional office but also the sort of broader human
23 services networks so people who deal with homelessness and
24 employment and addiction and mental health--so that whoever
25 touches the veteran first is able to share that and connect

1 that veteran with every part of the network, and it has been
2 extremely successful in just basically filling in some of
3 these gaps and catching the people that are not seeking
4 treatment at the VA.

5 So I wanted to thank Wounded Warrior Project for being
6 one of those local partners, and I did not know, General, if
7 you had any feedback for us on the strength of that kind of
8 community hub model, but the Chairman recently this year
9 advanced some legislation to try to replicate that
10 nationwide to address this epidemic.

11 Lt. Gen. Linnington. Congressman, thank you.

12 Young people join the military from communities and
13 they return from communities. Community integration
14 efforts, like the one you just spoke about, PAServes, and
15 there are several other across the country that we support.
16 Those organizations are really phenomenal at really
17 answering the question that I think all of us struggle with
18 is how do you get veterans out of isolation and into
19 treatment and into other activities with other veterans that
20 help them heal and, more importantly, transition into the
21 same leadership roles they had in civilian life that they
22 had when they were in the military, and really, isolation is
23 the killer.

24 When veterans go back home, if they do not have
25 organizations like PAServes and others--and the

1 AmericaServes network to connect with them, then you cannot
2 get access to the rest of the programs and services. That
3 is why we are proud.

4 Mr. Lamb. Yeah.

5 Lt. Gen. Linnington. We have 7,500 events a year just
6 to connect veterans with each other and then provide them
7 the access to the mental health, physical health, wellness,
8 and other programs we provide, but also do it in concert
9 with Government programs like the VA and others that help
10 them heal.

11 Mr. Lamb. Well, that is a great role that you play,
12 and I thank you for doing it.

13 We are, through the Chairman's legislation and this
14 Committee as a whole, trying to find the solutions to go out
15 and get these people, and you are really helping us with
16 that.

17 Ms. Brown, I just wanted to say I was distressed to
18 hear that example about the tai chi at your post because
19 your congressman for that post, Tim Ryan, and I have both
20 been working hard on trying to expand opportunities like
21 that with VA funding.

22 I know last year, as a member of the Appropriations
23 Committee, he got more money in the whole health bucket than
24 we had had before, but obviously, it is not going far enough
25 if there is demand for that program and it is not being met.

1 Go ahead.

2 Ms. Brown. I was just going to say that I just
3 recently found out that it comes out of the physical therapy
4 budget, which I think if it was moved over to mental health,
5 it would probably have a little better staying power.

6 Mr. Lamb. Yeah. We need whole health to have its own
7 budget is the answer, and we are working on that.

8 Ms. Brown. Thank you.

9 Mr. Lamb. Mr. Chairman, I yield back. Thank you.

10 Chairman Takano. Thank you, Mr. Lamb.

11 Senator Boozman, you are recognized for 3 minutes.

12 Senator Boozman. Thank you, Mr. Chairman, and thank
13 all of you all for being here and all you represent.

14 The Committees on both sides, we hear a lot about the
15 partisanship up here, but the Committees in the House and
16 the Senate, I have had the privilege of serving on both of
17 them. They really do work together very, very well.

18 We have gotten a lot done the last several years. We
19 could not have gotten it done, though, without your
20 advocacy, and so, again, thank you very much.

21 I want to talk about, well, first of all, myself and
22 Senator Warner introduced the Improve Well-Being for
23 Veterans Act, which was included in the Moran-Tester John
24 Scott Hannon Veterans Mental Health Care Improvement Act,
25 and what this legislation does, the part that we were trying

1 to do, is really get at the heart of what Ms. Brown was
2 talking about.

3 We insisted that we have metrics for the things that we
4 are doing. As was pointed out by Dr. Roe and others, we are
5 spending a ton of money, a ton of increased money, but we
6 are not getting the results that we would like.

7 We were just talking. Why is the AMA--why are they
8 doing studies? Why do not we have the information that we
9 need in the VA? Why are not those studies already done?
10 Why are not the metrics there? They simply are not, and so
11 we are demanding that, again, we are going to spend the
12 money. The money is not the problem, but we are going to
13 insist that if we spend the money, where is it going? Are
14 the programs effective? Are they doing the job? The ones
15 that are, we need to double-down on. That ones that are
16 not, we need to get rid of.

17 We also have the problem that most of the people, the
18 vast majority of the people that are committing suicide, are
19 not involved with the VA. So how do we reach them? How do
20 we get the community involved? So we want to do that. We
21 want a grant process to get those people involved, again,
22 with programs that are working.

23 So I would like to ask General Linnington, how do we
24 reach those 14? Six are involved somewhere in the VA.
25 Sometimes the programs are working; sometimes they are not.

1 But at least they are involved in something. How do we
2 reach those who are outside of the system altogether?

3 Lt. Gen. Linnington. Senator, I think you hit the nail
4 right on the head. Providing support to community programs
5 that reach veterans that are not getting the care or those
6 in rural areas, that is another tough challenge, frankly.

7 Senator Boozman. Exactly.

8 Lt. Gen. Linnington. How do we reach veterans that are
9 not in the VA system or are not getting care but have
10 communities of veterans around them?

11 We strongly support the Commander John Scott Hannon
12 Veterans Mental Health Care Improvement Act and the
13 provisions of that for providing grants program to
14 nonprofits and community-based programs that work. Again,
15 they have to work.

16 Senator Boozman. Exactly.

17 Lt. Gen. Linnington. You cannot just give money to
18 anybody. So you need the metrics behind them to show that
19 their programming works, and we do that from our 25 hubs.
20 But we also do it through grants program to other nonprofits
21 that extend our reach.

22 Just as we extend our reach, the VA can extend their
23 reach through communities.

24 Senator Boozman. Very good.

25 Well, again, my time has run out. We do appreciate

1 you, and as always, we appreciate the auxiliaries that help
2 you. They do all the work. We know that.

3 A special thanks to Tom and his organization. I have
4 had the opportunity as an optometrist, an eye doctor. I
5 like to be known as an eye doctor. That is a respected
6 profession as opposed to where we are at here. But, anyway,
7 we just thank you for all that you have done and your
8 organization. Appreciate you.

9 Chairman Takano. I am going to recognize Mr. Bost for
10 3 minutes.

11 Mr. Bost. Thank you, Mr. Chairman.

12 Let me follow up on that by saying thank you to each
13 one of you. Thank you for the time that you have served in
14 our military, whichever branch you served in, but also for
15 your service now.

16 People on the street, I do not think understand how
17 important our VSOs are to keeping us informed and how
18 important it is, the jobs that you do.

19 I had a list of questions, and we are on very short
20 time. But I am going to go to the one that I feel like is
21 vitally important. It took us forever to finally notice and
22 get the Blue Water Navy taken care of, and I want to thank a
23 lot of people on this panel that were involved with that,
24 whether it is the Chairman or the Ranking Member and
25 everybody in the Senate that worked on this.

1 As we know, we are starting to roll that system out,
2 and people are beginning to receive benefits, are getting
3 calls that they should start getting their paperwork
4 together to receive benefits. How and what input have you
5 received already from your members? I am asking this to the
6 whole panel or any one of you. As the progress is going
7 along, what are you hearing from your members that for years
8 have been showing the signs of exposure, but yet now they
9 are finally being reached out to? Are they being reached
10 out to fast enough? Probably not, but go ahead.

11 Mr. Hilgert. Yes, Senator. John Hilgert, State
12 Director of Nebraska. I am President of NASDVA.

13 We anticipated and we actually started processing as
14 soon as possible claims for the Blue Water Navy. We
15 appreciate those veteran service officers, whether it be
16 VSOs or State employees, that had made the claims, knowing
17 that they were going to be denied, to build that body of
18 knowledge up and to force that pressure to someday recognize
19 that as a presumptive condition.

20 It has been happening very, very favorably. The
21 States--and I know working with the counties--are in a great
22 position to reach out to those veterans who have been
23 waiting, then identifying Vietnam veterans, and to making
24 sure that we are there for them.

25 Our resources are small, generally speaking, throughout

1 the country, but I could say that it is very brisk. And we
2 are reaching out, and it is a fairly brisk system right now.
3 We are making those claims, Senator. Thank you.

4 Mr. Bost. Thank you.

5 Anyone else?

6 Mr. Rowan. One of the concerns that we have is
7 reaching out to the widows. It is one thing to talk to a
8 live veteran. It is another to talk to the widow of a
9 veteran who died many years ago from a cancer that was
10 related to Agent Orange and had no clue they were ever
11 eligible for anything and do not know now they are eligible
12 now to recoup some of that money. So we really need to
13 figure out how we can reach out to them and try to work with
14 groups like maybe AARP.

15 I mean, I hate to say it. The doctor was talking about
16 coming up on his 75th anniversary. I am not far behind
17 myself.

18 The problem is most of these widows are now in places
19 like AARP or other senior citizen-related organizations, and
20 we need to get them involved in doing the outreach.

21 Mr. Bost. Thank you.

22 Maybe that is a direction we can go. I appreciate
23 that, and it is important information from you all to allow
24 us the opportunity to see where we are falling short.

25 With that, Mr. Chairman, I yield back.

1 Chairman Takano. Thank you, Mr. Bost.

2 Mr. Cisneros, you are recognized for 3 minutes.

3 Mr. Cisneros. Thank you, Mr. Chairman, and I want to
4 thank all of you for being here today and for all the work
5 that you are doing to support our veterans throughout the
6 country.

7 Ensuring servicemembers receive the most adequate care
8 and knowledge possible when transitioning from active
9 service to civilian life is of the utmost importance to me,
10 and that is why I started with my colleague, General
11 Bergman, the Military Transition Assistance Pathway Caucus,
12 a bipartisan group of representatives dedicated to
13 supporting and advocating on behalf of military
14 servicemembers returning to civilian life, especially in
15 addressing gaps in care when a servicemember transitions,
16 including the unique barriers women servicemembers face, and
17 honoring the service of our Nation's military retirees and
18 their families.

19 So, Mr. Hilgert, I want to ask you, what unique
20 experiences have you come across that State veterans
21 administrations have in getting that information to our
22 servicemembers when they are attending a TAP class, so that
23 they know what specifically is going on in their State and
24 how it varies from State to State? Is there a State out
25 there that has a model that we can follow?

1 Mr. Hilgert. Our experience in Nebraska and the
2 association, I think that many States do provide support for
3 different TAP and out-processing opportunities.

4 One of the things that we do--and I think it is
5 available to all the States--is the home of record, that DD-
6 214 or the information now, is transferred to the State.

7 What we do in Nebraska is we have a team that when we
8 receive that, we send a welcome home letter and, frankly, a
9 welcome home picnic that the governor hosts for all of our
10 returning veterans, but we look to see who is employed, if
11 they have a Nebraska ID, have they paid taxes. If they have
12 not paid taxes and they have a Nebraska ID, then we have a
13 Tiger Team that goes and does the outreach to say, "Okay.
14 What is your situation? Are you taking advantage of
15 educational opportunities?" That would be an explanation.
16 If they are not paying taxes, they are unemployed, "Let us
17 get you a job." So we have that outreach component, and we
18 try to use, as that information comes in. I believe other
19 States do that as well.

20 Mr. Cisneros. Well, look, I applaud the efforts of
21 Nebraska, and I hope this is something that other States can
22 learn because I know all these different States have
23 different benefits for each veteran when they return home.
24 And we want to make sure that they have the knowledge when
25 they settle in that State, what those benefits are going to

1 be. So it is important that we get our veterans that
2 knowledge to know what are their benefits.

3 Mr. Hilgert. The better handoff from the Department of
4 Defense to our State Departments of Veterans Affairs, the
5 better that we can position ourselves to serve those
6 returning veterans.

7 Mr. Cisneros. Yeah. I could not agree more with that
8 statement right there, and that is something that we are
9 working on. And I am going to continue work on while I am
10 serving in this Congress.

11 But thank you all again for being here, and, Mr.
12 Chairman, I yield back.

13 Chairman Takano. Thank you, Mr. Cisneros.

14 General Bergman, you are recognized for 3 minutes.

15 Mr. Bergman. Thank you, Mr. Chairman.

16 As I look around the room, I see centuries of honorable
17 service. That is everybody way in the back all the way to
18 the front here, and I thank you for all of that because we
19 are the land of the free because are the home of the brave.
20 And you are the bravest, and you continue to step up. Here
21 in Congress, we are stepping up with you.

22 In fact, Senator Boozman talked about the Improve Well-
23 Being for Veterans Act, which he introduced in the Senate.
24 I introduced it in the House, and amended language from this
25 bill is now included in Senate 785, which has passed the

1 Senate Veterans' Affairs Committee last month. But it deals
2 with veteran suicide and how do we outreach to those, 70
3 percent of those veterans, who are outside the VA health
4 care system. We could pour money in that chute all day long
5 and never reach the intended target.

6 I would like to hear from you, whoever wants to make a
7 comment. What impact would you like to see these grants
8 have for veterans specifically living in rural and remote
9 areas? Not urban and suburban. It is kind of a different
10 metric when it comes to the outreach, but rural and
11 suburban. What can we as Congress do today about the
12 urgency that we should pass legislation preventing veteran
13 suicide, eliminating the issue? Anybody want to make a
14 comment?

15 Lt. Gen. Linnington. General Bergman, the intent of
16 the bill, I think, is right on. It is finding veterans that
17 are not getting access to care or are not getting involved
18 in care and get them engaged, especially veterans suffering
19 with invisible wounds--PTSD, traumatic brain injury, other
20 injuries.

21 Pride is a dangerous thing. If you break your leg or
22 if you have an injury that needs treatment immediately, you
23 will go get treated, but for those that are suffering in
24 silence, sometimes it takes a community-based approach that
25 you have authored to get them engaged and involved.

1 So providing grant money to community programs that
2 make a difference that can expand existing programs and
3 create new programs, I think, is really the process that
4 will get after the 14 out of 20. I think it is 14 out of 20
5 that are not engaged in the VA.

6 Mr. Bergman. It is. Thank you.

7 Anybody else?

8 Mr. Rowan?

9 Mr. Rowan. Yes. Thank you, Congressman.

10 Our biggest concern, I think, is the fact that many of
11 the people that we have out there try to reach out to the VA
12 and often find they do not get a response.

13 Mr. Bergman. But let us say, again--I want to focus on
14 the rural and remote areas--

15 Mr. Rowan. Yeah. I am talking about rural.

16 Mr. Bergman. --because it is a different scenario, if
17 you will.

18 Mr. Rowan. Yep. Yeah. First of all, we go back to
19 Vietnam veterans. We used to have something called "trip-
20 wire vets."

21 Mr. Bergman. Mm-hmm.

22 Mr. Rowan. I was very familiar with them up in
23 Saranac, New York, which is as rural as you can get, and we
24 had guys living out in the woods when they came home.
25 Unfortunately, many of them did not last very long out in

1 those woods.

2 The problem is that when they try to reach out to the
3 outpatient clinics that are out there--

4 Mr. Bergman. So, but the point is--

5 Mr. Rowan. --that are in the area.

6 Mr. Bergman. --if it is not working, do we have to do
7 something different, if what we are trying is not working?

8 Mr. Rowan. No.

9 Mr. Bergman. Anyway, I can see that I am over my time,
10 but the point is that is the idea behind the IMPROVE Act.
11 If what we are doing is not working, let us stop doing it.

12 Mr. Rowan. Right.

13 Mr. Bergman. And if, for whatever reason, the outreach
14 is such in some cases where in remote--in the woods, they
15 did not have telephones, did they?

16 Mr. Rowan. They did not have anything.

17 Mr. Bergman. Still do not.

18 But, anyway, Mr. Chairman, thank you for the
19 opportunity, and I yield back.

20 Chairman Takano. Thank you, General Bergman.

21 Mr. Levin, you are recognized for 3 minutes.

22 Mr. Levin. Thank you, Mr. Chairman, for bringing our
23 Committees together. Thank you for all of our great
24 veterans service organizations.

25 I have the opportunity to represent Marine Corps Base

1 Camp Pendleton, so a special welcome to all of our Marines
2 and all of our Californians who are here as well.

3 I have noted that much of today's testimony focused on
4 mental health and on suicide, which I know are priorities
5 for both of our Committees. I am Chair of the Economic
6 Opportunity Subcommittee. So I have been committed to
7 addressing the economic factors that contribute to suicide,
8 and in fact, strengthening economic supports is one of the
9 Centers for Disease Control and Prevention's seven core
10 strategies for suicide prevention.

11 We owe it to those who have served to ensure that they
12 have everything they need to pursue educational
13 opportunities, launch new careers, or start their own
14 businesses.

15 That requires us to equip service members for the
16 challenges and opportunities they will face as they
17 transition from active-duty military service to civilian
18 life.

19 In May, the House passed my legislation that I did with
20 my friend from Texas, Jodey Arrington, the Navy SEAL Chief
21 Petty Officer Bill Mulder Transition Improvement Act, which
22 would do just that. It would not interfere with recent
23 changes to the TAP program. Rather, it would examine these
24 changes and improve overall transition supports by providing
25 the VA and DOL with employment data, extending a pilot

1 program for off-base transition training and creating a
2 grant program for coordinated transition assistance
3 services.

4 Lieutenant General Linnington, can you speak to the
5 importance of a smooth transition for the population you
6 serve?

7 Lt. Gen. Linnington. Congressman, yes, and thank you
8 for the legislation.

9 We all know that if you--success as a veteran starts
10 while you are still in uniform and still part of DoD. So
11 anything we can do certainly to improve the existing TAP
12 program and provide the opportunity starting a year out as
13 the new TAP program continues to support smooth transition
14 from uniformed service to service on the other side as a
15 veteran is key. So we support the legislation. Thank you
16 for authoring it.

17 Certainly, the ability to start the training a year out
18 prior to you arriving at home and trying to figure out what
19 you are going to do is key to success for a smooth
20 transition.

21 I will also tell you that for many of our veterans,
22 economic empowerment, jobs, are a great preventative factor
23 for mental health crises. It does not replace it,
24 certainly, but it is a great preventative factor for
25 suicide. If you have a job that you go to every day, you

1 are interacting with other people in the workplace, and you
2 have a self-worth that coincides with the worth you had when
3 you were in uniform.

4 Mr. Levin. I appreciate that very much. I am out of
5 time, but I thank you for your support of that legislation,
6 and it is truly bipartisan, as is much of our work here for
7 veterans.

8 So we are truly grateful to all of you for being here
9 today. Look forward to working with you for a long time to
10 come.

11 Thanks again. Yield back.

12 Chairman Takano. Thank you, Mr. Levin.

13 Senator Tillis, you are recognized for 3 minutes.

14 Senator Tillis. Thank you, Mr. Chairman and Ranking
15 Member Roe.

16 For my colleagues, we all come here. I look forward to
17 these meetings every year to hear from you all. I want to
18 thank you for your service. I want to talk a little bit
19 about what more we can do.

20 General Linnington, you said isolation is the killer,
21 and I agree when we are talking about veteran suicide. We
22 have got to figure out more ways to cast a wider net.

23 I think one of the ways we do that is look at a simple-
24 -I think it is a simple policy change where instead of
25 someone transitioning having to opt in to services, that

1 they have to opt out, assume that they need the benefits,
2 assume they need the connectivity. Just think about how
3 many more we would be able to touch just by doing something
4 as straightforward as that.

5 I also think that the Department has made a lot of
6 headway by presuming that they are entitled to mental health
7 benefits, regardless of the status of their discharge. I
8 mean, if you go back and take a look at the number of people
9 who are sadly taking their lives, they are not connected in
10 any way to the VA. They are not connected to the community,
11 and I want to thank you all for making that connection. But
12 we have got to cast a wider net.

13 I also want to talk about the electronic health record.
14 That is something that my office has taken a particular
15 interest in. You all may know that Secretary Wilkie was my
16 MLA for 3 years before he went over to the Department of
17 Veterans Affairs. I have got a lot of confidence in
18 Secretary Wilkie, with his leadership and being successful
19 with the execution of the electronic health record, but we
20 have got to look far beyond just the baseline standard
21 platform if we are going to do what we want to do for the
22 veterans.

23 We have got to make sure that no matter where that
24 veteran goes for health care, whether it is in a brick-and-
25 mortar VA facility, a non-VA provider, a choice provider,

1 that I want every aspect of that veteran's health record to
2 be available anytime they are receiving care.

3 Thanks to Senator Isakson and now Senator Moran, I meet
4 with the Department along with Ranking Member Tester about
5 every 6 or 8 weeks to keep track of that electronic health
6 record. Very interested in your all's input in that.

7 The baseline system is one thing, but it is that other
8 technology that is going to be implemented that I think is
9 going to be the game changer.

10 Then, finally, in 3 minutes, we cannot get to many
11 questions, but I do want to tell you all that my office is
12 wide open to sit down and meet with any of you on your
13 suggestions, your experience, after we get the
14 implementation up in the Northwest VISN and then we
15 implement it across the country.

16 But I am also interested in your input and my capacity
17 as the Chair of the Personnel Subcommittee on Senate Armed
18 Services. I think we got to get smarter with TAP. We have
19 got to get to a point where we basically have a TAP audience
20 of one. We are looking at the unique needs and the history
21 of that man or woman who is about to transition out of
22 active or reserve status into veteran status, and we need to
23 tailor things that are specific to that man or woman's need.
24 And I think when we do that, we will reduce the isolation.
25 We will save a lot of lives, and we will do right by the

1 veterans that we owe a debt of gratitude.

2 So thank you all for being here, and make sure you know
3 that anytime you want a meeting in my office, consider it
4 done. It is just a matter of when you want to be there.
5 Thank you all. God bless you, and thank you for your
6 service.

7 Chairman Takano. Thank you, Senator Tillis.

8 Representative Underwood, you are recognized for 3
9 minutes.

10 Ms. Underwood. Thank you, Mr. Chairman, and thank you
11 to all of our witnesses for being here today.

12 My questions are for Lieutenant General Linnington. I
13 also want to recognize the work that you do and your staff
14 has done with my office over the last year to address the
15 unique needs of moms who served.

16 As we know, there is still far too much that we do not
17 know about these moms and what they and their families need,
18 and so my first question is about the gaps that you see in
19 VA's benefits and services for women veterans, particularly
20 when it comes to reproductive and maternal health care.

21 Lt. Gen. Linnington. Congresswoman, thank you, and we
22 have enjoyed working with your office on your legislation,
23 Protecting Moms Who Serve Act, and really as we serve women
24 veterans. In fact, several of them here are with me today.

25 Ms. Underwood. Awesome.

1 Lt. Gen. Linnington. I know they met with you and your
2 team yesterday. Thank you for that as well.

3 We know that there are still gaps in VA services for
4 women, moms especially, maternity services and reproductive
5 health issues. We appreciate the fact that the VA provides
6 quality care, but there are still gaps, both at the medical
7 centers and certainly the regional offices for women that
8 want to get support. And they are not all covered. So we
9 look forward to working with you in the coming months to
10 fill those gaps and especially address the needs of women
11 veterans with mental health concerns also, especially as
12 that has to do with MST, reproductive health, and maternity
13 needs.

14 Ms. Underwood. Thank you.

15 Then can you discuss how the VA's maternity care
16 coordinators and the services that they provide benefit
17 women veterans?

18 Lt. Gen. Linnington. Yeah. By the way, that is a
19 great initiative, and we appreciate them putting those
20 programs in place, both at the medical centers and also at
21 the regional offices.

22 Our veterans participate with that. It is kind of a
23 good news/bad news. I mean, some are better than others,
24 obviously. There are still gaps.

25 Ms. Underwood. Right.

1 Lt. Gen. Linnington. I think you know that there are
2 some vacancies in some of the providers. There are
3 vacancies across VA that we like to see filled. We would
4 like to see those vacancies prioritized and give access to
5 those jobs to women veterans that are transitioning. Who
6 better to serve those jobs than veterans that have walked in
7 the shoes of those they will be serving?

8 Ms. Underwood. Okay. Well, thank you again. I am
9 really looking forward to working with you to get this
10 legislation through the House and here over to the Senate so
11 we can get it signed into law.

12 Lt. Gen. Linnington. Yes, ma'am.

13 Ms. Underwood. Thank you all so much.

14 I yield back.

15 Chairman Takano. Thank you, Representative Underwood.

16 That concludes the questioning--all right, 3 minutes,
17 brother.

18 [Laughter.]

19 Mr. Roy. Everybody was thinking I am out.

20 Chairman Takano. Okay. Mr. Roy, 3 minutes.

21 Mr. Roy. Well, first of all, I apologize for being
22 late. Multiple hearings at the same time and votes on the
23 floor over in the House. So I appreciate you all being
24 here.

25 Let me just say, personally, I just want to thank any

1 Texans in the house and appreciate those. I am proud to
2 represent Texas 21. We have got almost 80,000 veterans and
3 represent Fort Sam Houston and Army Futures Command, and so
4 I just appreciate everybody here who have served their
5 country, and I appreciate the opportunity to hear from you
6 all.

7 I do not want to repeat too many questions that have
8 already been asked, and obviously, I am just walking in here
9 a little bit. I do not know, Mr. Roe, if you have got any
10 direction of anything that has already been covered. I can
11 ask a little bit about budget or health care things. Is
12 there anything that has not been covered that needs to be
13 covered, you all?

14 [No response.]

15 Mr. Roy. No? All right. Well, look, I am just going
16 to say thank you all for being here. I just appreciate your
17 time, and sorry I am coming here at the tail end. I just do
18 not want to repeat things that have already been said. So
19 thank you all.

20 Chairman Takano. Thank you, Mr. Roy.

21 Well, I want to thank everyone here for their
22 testimony. I am sorry that I had to miss much of it, but
23 the Committee has taken your official testimony. We have it
24 as part of our record. We were on the floor voting.

25 I do look forward to working with all of your

1 organizations and your members in the future.

2 All members will have 5 legislative days to revise and
3 extend their remarks and include extraneous material.

4 Again, thank you for your presentations, and this
5 hearing is now adjourned.

6 [Whereupon, at 3:48 p.m., the joint hearing was
7 adjourned.]

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